CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each <u>did not exceed \$250.00</u> during the reporting period.

The second secon	REPORT FILED CANDIDATE COMMITTEE 2. LOBBYIST 3.
FILER IDENTIFICATION NUMBER	ON BEHALF OF CANDIDATE COMMITTEE LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST	
524 BOVER ROAD	
CITY	PA ZIP CODE 16511 -
TYPE OF REPORT (CHECK ONE) NAME OF OFFICE SOUGHT BY CANDIDATE (CHECK ONE) (COLOR L	DISTRICT NO. PARTY DATE OF ELECTION MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY	FOR OFFICE USE ONLY
2ND FRIDAY PER-PRIMARY 2. DATES OF REPORTING PERIOD NO. DAY YEAR TO	MO. DAY YEAR 12 31 17
30 DAY POST-PRIMARY CASH BALANCE AT END	s_0
6th tuesday 4. OF REPORTING PERIOD: PRE-ELECTION TOTAL AMOUNT OF FILER'S	23
2ND FRIDAY PRE-ELECTION 5. OUTSTANDING DEBTS OR LIABILIT AT THE END OF REPORTING PERIOD	
30 DAY POST-ELECTION AMENDMENT REPORT? YES	NO X
ANNUAL TERMINATION	
ANNUAL TERMINATION YES REPORT?	NO X
REPORT? YES	AVIT SECTION
PART I - If statement is filed on behalf of a Political Committee or C If statement is filed on behalf of a Candidate, the Candida	AVIT SECTION andidates's Committee, the Treasurer must sign here. e must sign here.
PART I - If statement is filed on behalf of a Political Committee or C If statement is filed on behalf of a Candidate, the Candida If statement is filed on behalf of a Contributing Lobbyist, the Candidate of	AVIT SECTION andidates's Committee, the Treasurer must sign here. e must sign here. e Lobbyist must sign here. ABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT
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Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280